8/18/22, 9:30 AM CLEOC 200223100110

| INCIDENT REPORT                                                                                                                                                            |                                                                                        | INCIDENT NUMBER                                    |                                                                                                                   |                             | REPORT NUMBER                                         |                                                              |                              |                                                      | F                                                      | REPORT TYPE               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------|--------------------------------------------------------------|------------------------------|------------------------------------------------------|--------------------------------------------------------|---------------------------|---------------------------------------|
| INCIDENT REI                                                                                                                                                               | )FEB20-36YU-001                                                                        | 0-36YU-00110-7VMA                                  |                                                                                                                   |                             | 200223100110 REVISION 1                               |                                                              |                              | INITIAL                                              |                                                        |                           |                                       |
| AUTHORITY:5 U.S.C. 301 PRINCIPAL PURPOSE: U security police, NCIS spec administra ive action is tak ROUTINE USES: Informat criminal prosecution or civ DISCLOSURE IS VOLUN | Jised to record i<br>ital agents, etc.<br>iten.<br>tion may be dis<br>il court action. | nformatio<br>Used to p<br>closed to<br>Information | S.C. 3103 and EO 93 on and details of crimin provide information to local, county, state alon extracted from this | 97<br>nal a<br>the<br>nd fe | appropriate in<br>ederal law enfo<br>may be used      | may require<br>ndividuals w<br>orcement or<br>d in other rel | i hin<br>r inve<br>lated     | DoD organiza i<br>estigatory au ho<br>criminal and/o | ons who ensui<br>rities for invest<br>r civil proceedi | re tha<br>tigatio<br>ngs. | t proper legal and<br>on and possible |
| SECTION I. ADMINISTRA                                                                                                                                                      | TIVE                                                                                   |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| Incident Subject : DOME                                                                                                                                                    |                                                                                        | UIT                                                |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| Date Received                                                                                                                                                              | Time Receive                                                                           |                                                    | Incident Received                                                                                                 |                             | Start D                                               | ate / Time o                                                 | of In                        | cident                                               |                                                        |                           | e of Incident                         |
| 10-FEB-2020 0904 In Person <u>Weather</u> : Clear                                                                                                                          |                                                                                        |                                                    |                                                                                                                   |                             | 15-DEC-2019 0001 15-DEC-2019 2359  Lighting: Daylight |                                                              |                              |                                                      |                                                        |                           |                                       |
| SECTION II. COMPLAINA                                                                                                                                                      | ANT(S)                                                                                 |                                                    |                                                                                                                   | _                           |                                                       | 7.5                                                          |                              |                                                      |                                                        |                           |                                       |
| COMPLAINANT                                                                                                                                                                |                                                                                        |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| Name                                                                                                                                                                       |                                                                                        |                                                    |                                                                                                                   |                             | ID Num                                                |                                                              |                              | <u>Rank</u>                                          |                                                        |                           |                                       |
|                                                                                                                                                                            | ersonnel Type                                                                          | <u>-</u>                                           | Status<br>CIVILIAN EMPLO                                                                                          | YFF                         | Date of Bi                                            | rth                                                          | <br> <br>                    | Place of Birth                                       |                                                        |                           |                                       |
| Address                                                                                                                                                                    |                                                                                        |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| Organization<br>N / A                                                                                                                                                      |                                                                                        |                                                    |                                                                                                                   |                             | UIC / RUC                                             |                                                              |                              | Work Telepho                                         | ne <sub>.</sub>                                        |                           |                                       |
| SECTION III. OFFENSE(S                                                                                                                                                     | 5)                                                                                     |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| OFFENSE                                                                                                                                                                    |                                                                                        |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| Offense : UCMJ - Article<br>January 1, 2019)                                                                                                                               | e 128b - Dom                                                                           | estic vio                                          | lence (on or after                                                                                                | Sta                         | atutory Basis                                         | : UCMJ                                                       | <u>On</u>                    | on Base : YES Offense Status :                       |                                                        |                           | COMPLETED                             |
| Location : 2504 D WHE                                                                                                                                                      | AT LOOP MO                                                                             | CAS YUI                                            | MA, Arizona                                                                                                       |                             | L                                                     | ocation Typ                                                  | <u>e</u> : F                 | Residence-Go                                         | ovt Family Qu                                          | ıarteı                    | rs                                    |
| Bias Motivation : Unkno                                                                                                                                                    | wn Bias                                                                                |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| Offender Used :                                                                                                                                                            |                                                                                        |                                                    |                                                                                                                   |                             | pe Weapon /<br>one                                    | Force Used                                                   | <u>1</u> :                   |                                                      |                                                        |                           |                                       |
| Type of Criminal Activity                                                                                                                                                  | :                                                                                      |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| SECTION IV. PROPERTY                                                                                                                                                       | ,                                                                                      |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| SECTION IV. PROPERTY                                                                                                                                                       | - NARCOTIC(                                                                            | S)                                                 |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| SECTION IV. PROPERTY                                                                                                                                                       | - VEHICLE(S)                                                                           |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| SECTION V. VICTIMS(S)                                                                                                                                                      |                                                                                        |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| VICTIM                                                                                                                                                                     |                                                                                        |                                                    |                                                                                                                   |                             | Victim Ty<br>Individua                                | pe<br>al                                                     | DD2701 Issued<br>10-FEB-2020 |                                                      |                                                        |                           |                                       |
| Name                                                                                                                                                                       |                                                                                        |                                                    |                                                                                                                   |                             | ID Num                                                |                                                              |                              | Rank                                                 |                                                        |                           |                                       |
| Branch of Service Personnel Type Status CIVILIAN FAMILY MEMBER                                                                                                             |                                                                                        |                                                    |                                                                                                                   | ₹                           | Date of B                                             | Birth                                                        |                              | Place of Birth                                       |                                                        |                           |                                       |
| <u>Sex</u> : Female                                                                                                                                                        | Race : White                                                                           | Э                                                  | Ethnicity : Not His                                                                                               | pan                         | ic                                                    |                                                              |                              | Resident of J                                        | urisdiction : F                                        | Resid                     | lent                                  |
| <u>Address</u><br>2508D WHEAT LP YUM                                                                                                                                       | MA, AZ , Unite                                                                         | ed States                                          | s 85365                                                                                                           |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| Organization<br>SP OF PO3 LEE, JOJU                                                                                                                                        | AN/DENTAL                                                                              |                                                    |                                                                                                                   |                             | UIC / RUG<br>N/A                                      | C.                                                           |                              | Work Teleph<br>N/A                                   | one                                                    |                           |                                       |
|                                                                                                                                                                            |                                                                                        |                                                    |                                                                                                                   |                             | ICTIM INFOR                                           |                                                              |                              |                                                      | 4 0040                                                 |                           |                                       |
| Offense(s) Committed Ag<br>Relationship of Victim to<br>LEE, JOJUAN - Spouse                                                                                               | Suspect(s):                                                                            | <u>tím</u> : 1 -                                   | UCMJ - Article 128                                                                                                | SD -                        | Domestic vi                                           | olence (on                                                   | ОГа                          | arter January                                        | 1, 2019)                                               |                           |                                       |
| Aggravated Assault Circu                                                                                                                                                   |                                                                                        | rgument                                            | <u> </u>                                                                                                          |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |
| Injury Type(s):<br>None                                                                                                                                                    |                                                                                        |                                                    |                                                                                                                   |                             |                                                       |                                                              |                              |                                                      |                                                        |                           |                                       |

| SECTION VI. WITNESS/SPONSOR - WITNESS(S)                                                                                                                                                                                              |                                                                   |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|--|--|
| SECTION VI. WITNESS/SPONSOR - SPONSOR(S)                                                                                                                                                                                              |                                                                   |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| SECTION VII. SUSPECT(S)                                                                                                                                                                                                               | ARRESTEE(S                                                        | )                                                                          |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| ARRESTEE                                                                                                                                                                                                                              |                                                                   |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| <u>Name</u><br>LEE, JOJUAN DANTE N /                                                                                                                                                                                                  | Α                                                                 |                                                                            |                                                                                                      | ID Num<br>SSN / 38306005                                                                | 57                                                   | Rank<br>Petty Officer Third Class                     |                                                         |  |  |
| Branch of Service<br>Navy                                                                                                                                                                                                             | MILITARY Regular (Active)                                         |                                                                            |                                                                                                      |                                                                                         |                                                      | Date of Birth   Place of Birth   DETROIT MI, United S |                                                         |  |  |
| Address<br>2504 WHEAT LP / APT# D                                                                                                                                                                                                     | MCAS YUM                                                          | A, AZ , Uni                                                                | ited States 85365                                                                                    |                                                                                         |                                                      |                                                       |                                                         |  |  |
| Organization<br>BRANCH MEDICAL / DEN                                                                                                                                                                                                  |                                                                   |                                                                            |                                                                                                      | UIC / RUC<br>02231                                                                      |                                                      | Work Teleph<br>(928) 269-7                            | <u>one</u><br>137                                       |  |  |
| Known Alias :                                                                                                                                                                                                                         |                                                                   |                                                                            |                                                                                                      | •                                                                                       |                                                      |                                                       |                                                         |  |  |
| Offense(s) Committed by Th                                                                                                                                                                                                            | is Suspect/Arr                                                    |                                                                            | TIONAL SUSPECT / ARR                                                                                 | ESTEE INFORMAT                                                                          | ION                                                  |                                                       |                                                         |  |  |
| UCMJ - Article 128b - Dom                                                                                                                                                                                                             |                                                                   |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| 0                                                                                                                                                                                                                                     | I                                                                 |                                                                            | SUSPECT / ARRESTEE                                                                                   | DESCRIPTION                                                                             | <del></del>                                          |                                                       |                                                         |  |  |
| <u>Sex</u><br>Male                                                                                                                                                                                                                    | Race<br>Black                                                     |                                                                            | Ethnicity<br>Not Hispanic                                                                            |                                                                                         |                                                      | Resident of Jurisdiction                              |                                                         |  |  |
| Hair Color E<br>Black                                                                                                                                                                                                                 | <u>ye Color</u><br>Brown                                          | <u>Heig</u>                                                                | <u>iht (Inches)</u><br>73                                                                            | <u>Weight (lbs )</u><br>212                                                             |                                                      | <u>/ Build</u><br>eavy                                | <u>Dexterity</u><br>Right-Handed                        |  |  |
| Hair Type(s): Coarse                                                                                                                                                                                                                  |                                                                   | <u>HairStyle(s</u>                                                         | s): Processed                                                                                        |                                                                                         | Facial Ha                                            | i <u>r :</u> Clean                                    |                                                         |  |  |
| Complexion: Clear                                                                                                                                                                                                                     |                                                                   |                                                                            |                                                                                                      |                                                                                         | <u>Appearan</u>                                      | <u>ce :</u> Military                                  |                                                         |  |  |
| Attire: Navy Uniform                                                                                                                                                                                                                  |                                                                   | <u>Speech:</u> L                                                           | oud                                                                                                  |                                                                                         | <u>Demeano</u>                                       | <u>r :</u> Calm                                       |                                                         |  |  |
|                                                                                                                                                                                                                                       |                                                                   |                                                                            | IDENTIFYING I                                                                                        | MARKS                                                                                   |                                                      |                                                       |                                                         |  |  |
| <u>Туре</u>                                                                                                                                                                                                                           | Location                                                          |                                                                            |                                                                                                      | <u>Description</u>                                                                      |                                                      |                                                       |                                                         |  |  |
|                                                                                                                                                                                                                                       |                                                                   |                                                                            | ARRESTEE                                                                                             | NFO                                                                                     |                                                      |                                                       |                                                         |  |  |
| Date Arrested :<br>Multiple Clearance :                                                                                                                                                                                               |                                                                   | -FEB-2020<br>t Applicable                                                  |                                                                                                      | rest :<br>n of Juvenile :                                                               |                                                      | Sum                                                   | mons/Cited                                              |  |  |
| Suspect Was Armed With : U                                                                                                                                                                                                            | Jnarmed                                                           |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| SECTION VIII. ADDITIONAL                                                                                                                                                                                                              | POLICE OFFIC                                                      | ERS                                                                        |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| POLICE OFFICER                                                                                                                                                                                                                        |                                                                   |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| Name                                                                                                                                                                                                                                  |                                                                   |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       | Rank                                                    |  |  |
| Branch of Service Marine Corps                                                                                                                                                                                                        | Personnel T                                                       | <u>ype</u>                                                                 | Status<br>Regular (Active)                                                                           | Organization<br>PMO/H&HS T                                                              | RAFFIC                                               | SECTION                                               |                                                         |  |  |
| POLICE OFFICER                                                                                                                                                                                                                        | <u>'</u>                                                          |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| Name                                                                                                                                                                                                                                  |                                                                   |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       | Rank                                                    |  |  |
| Branch of Service                                                                                                                                                                                                                     |                                                                   | Personnel                                                                  | Type                                                                                                 | Status_                                                                                 |                                                      | ganization                                            |                                                         |  |  |
|                                                                                                                                                                                                                                       |                                                                   | UNKNOW                                                                     | /N                                                                                                   | CIVILIAN                                                                                | H                                                    | RHS / PMO                                             |                                                         |  |  |
| POLICE OFFICER Name                                                                                                                                                                                                                   |                                                                   |                                                                            |                                                                                                      | 1                                                                                       |                                                      |                                                       | Rank                                                    |  |  |
|                                                                                                                                                                                                                                       | 1                                                                 |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| Branch of Service<br>Marine Corps                                                                                                                                                                                                     | Personnel Ty<br>MILITARY                                          |                                                                            | Status<br>Regular (Active)                                                                           | Organization<br>PMO / H&HS /                                                            | TRAFFIC                                              | DIVISION                                              |                                                         |  |  |
| SECTION IX. NARRATIVE                                                                                                                                                                                                                 |                                                                   |                                                                            |                                                                                                      |                                                                                         |                                                      |                                                       |                                                         |  |  |
| AT 0904, 10FEB20, THE DOCCURRED AT AN UNKN SINGLE HAND BRIEFLY, I PRESENT DURING THE I THE INCIDENT, WHO LAT RESIDE IN THE BARRAC INCIDENT LATE TO MILITAT 0925, 10FEB20, MILITAMAKE CONTACT WITH AT 1400, 10FEB20, MAKE CONTACT WITH | NOWN TIME ( NOT HARD E NCIDENT. ER REFERR KS UNTIL TH TARY POLICE | ON 15DEC<br>NOUGH T<br>ST<br>ED HIM TO<br>IEY DEEM<br><br>OFFICER<br>WHICH | TO CUT OFF BREATHING SELLO THE FAP ON 06FEB.  ED IT SAFE FOR HIM  WAS UNSUCCESSFU  CPS TO THE RESIDE | R STATED THAT NG. FAP ALSO S F-REPORT HIMS 20. THE FAP THE TO RETURN TO   NCE IN REGARE | THM3 LEI<br>TATED TH<br>SELF TO MEN CONT.<br>THE RES | E GRABBED HAT MENTAL HEA ACTED THE BIDENCE. FA        | HIS WIFE WITH A WAS ALTH IN REGARDS TO UNIT TO HAVE HIM |  |  |
|                                                                                                                                                                                                                                       | IATING                                                            | . CID AG                                                                   | ARRIV                                                                                                | LD ON SCENE A                                                                           | NIND KEC                                             | LIVED A VE                                            | NDAL STATEMENT                                          |  |  |

8/18/22, 9:30 AM CLEOC 200223100110

| 9.30 AW                                                                   |                                                                                                                                           |                                                           | CLLOC     | 200223100110                                                 |                  |                                                            |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------|--------------------------------------------------------------|------------------|------------------------------------------------------------|
| AT 1458, 10<br>A WRITTEN<br>WOULD AN                                      | I VOLUNTARY STATEM                                                                                                                        | ND (C3) ARRIVED BENT: STATED T BOUT THE INCIDENT: WHEN AS | HAT SHE   | NE AND MADE CONTAC<br>DID NOT WISH TO MA<br>XPLAIN THE EVENT | CT WIT<br>KE A V | TH TO GET<br>VRITTEN STATEMENT BUT<br>STATED               |
|                                                                           |                                                                                                                                           |                                                           |           |                                                              |                  |                                                            |
|                                                                           |                                                                                                                                           |                                                           |           | DECLINED FU                                                  | RTHE             | R INVESTIGATION AND                                        |
| SECURED I                                                                 | FROM SCENE ALONG                                                                                                                          | WITH MILITARY POLICE.                                     |           |                                                              |                  |                                                            |
| AT 1530, 10<br>AT WHICH T                                                 | FEB20,<br>TIME HE INVOKED HIS                                                                                                             | MADE CONTACT WITH HM3 LEE<br>RIGHT TO REMAIN SILENT.      | AT BLDG   | #1210, PMO, AND ADV                                          | (ISED I          | HIM OF HIS ARTICLE 31B'S                                   |
| AT 1620, 10<br>PROBABLE                                                   | FEB20, CAUSE FROM THE S                                                                                                                   | COLLECTED FINGERPRINTS AN<br>IA.                          | D DNA FF  | ROM HM3 LEE, AND WI                                          | LL SU            | BMIT UPON GAINING                                          |
| AT 1705, 10                                                               | FEB20,                                                                                                                                    | RELEASED CUSTODY OF HM3 L                                 | EE TO HIS | S UNIT REPRESENTAT                                           | IVE              |                                                            |
| AT 1000, 111<br>SUBMISSIO                                                 | FEB20,<br>ON OF DNA AND FINGE                                                                                                             | CONTACTED THE SJA,<br>RPRINTS.                            | AT \      | WHICH TIME HE GAVE                                           | THE P            | ROBABLE CAUSE FOR                                          |
| AT 0800, 14                                                               | FEB20,                                                                                                                                    | SUBMITTED FINGERPRINTS AND                                | DNA.      |                                                              |                  |                                                            |
|                                                                           |                                                                                                                                           |                                                           |           |                                                              |                  |                                                            |
| ENCLOSURE                                                                 | E(S)                                                                                                                                      |                                                           |           |                                                              |                  |                                                            |
| LINCLOSOIN                                                                | L(3)                                                                                                                                      |                                                           |           |                                                              |                  |                                                            |
|                                                                           | 1                                                                                                                                         |                                                           |           |                                                              |                  |                                                            |
| ENCL#                                                                     | DESCRIPTION                                                                                                                               |                                                           |           |                                                              |                  |                                                            |
| ENCL#                                                                     | STAT SHEET                                                                                                                                |                                                           |           |                                                              |                  |                                                            |
| ENCL # 1 2                                                                | STAT SHEET OPNAV 5580/3                                                                                                                   |                                                           |           |                                                              |                  |                                                            |
| ENCL # 1 2 3                                                              | STAT SHEET OPNAV 5580/3 FINGERPRINT CARE                                                                                                  |                                                           |           |                                                              |                  |                                                            |
| ENCL #  1  2  3  4                                                        | STAT SHEET OPNAV 5580/3 FINGERPRINT CARE COPY OF DNA DATA                                                                                 |                                                           |           |                                                              |                  |                                                            |
| ENCL #  1  2  3  4                                                        | STAT SHEET OPNAV 5580/3 FINGERPRINT CARE                                                                                                  |                                                           |           |                                                              |                  |                                                            |
| 1<br>2<br>3<br>4<br>5                                                     | STAT SHEET OPNAV 5580/3 FINGERPRINT CARE COPY OF DNA DATA                                                                                 | SHEET                                                     |           |                                                              |                  |                                                            |
| 1<br>2<br>3<br>4<br>5<br>SECTION X.                                       | STAT SHEET OPNAV 5580/3 FINGERPRINT CARE COPY OF DNA DATA DD FORM 2708  REPORTING/APPROVING                                               | SHEET                                                     | Approvin  | g Official                                                   | Da               | ate                                                        |
| 1<br>2<br>3<br>4<br>5                                                     | STAT SHEET  OPNAV 5580/3  FINGERPRINT CARE  COPY OF DNA DATA  DD FORM 2708  REPORTING/APPROVING  fficial Date 18-AU                       | S OFFICIALS                                               | Approvin  | g Official Master                                            | 18               | -AUG-2022                                                  |
| 1<br>2<br>3<br>4<br>5<br>SECTION X.                                       | STAT SHEET  OPNAV 5580/3  FINGERPRINT CARE  COPY OF DNA DATA  DD FORM 2708  REPORTING/APPROVING  fficial Date 18-AU                       | S OFFICIALS                                               | Sergear   | Master                                                       | 18<br>FII        |                                                            |
| 1<br>2<br>3<br>4<br>5<br>SECTION X.                                       | STAT SHEET  OPNAV 5580/3  FINGERPRINT CARE  COPY OF DNA DATA  DD FORM 2708  REPORTING/APPROVING  fficial Date 18-AU                       | S OFFICIALS                                               | Sergear   | Master                                                       | 18<br>FII        | -AUG-2022<br>NAL APPROVED ON 18-FEB-                       |
| 1<br>2<br>3<br>4<br>5<br>SECTION X.                                       | STAT SHEET  OPNAV 5580/3  FINGERPRINT CARE  COPY OF DNA DATA  DD FORM 2708  REPORTING/APPROVING  fficial Date 18-AU                       | G OFFICIALS  JG-2022 ROVED ON 16-FEB-2020                 | Sergear   | Master                                                       | 18<br>FII        | -AUG-2022<br>NAL APPROVED ON 18-FEB-                       |
| 3 4 5 SECTION X. Reporting Of                                             | STAT SHEET OPNAV 5580/3 FINGERPRINT CARI COPY OF DNA DATA DD FORM 2708  REPORTING/APPROVING fficial Date 18-AL APPR                       | G OFFICIALS  JG-2022 ROVED ON 16-FEB-2020                 | Sergear   | Master                                                       | 18<br>FII        | -AUG-2022<br>NAL APPROVED ON 18-FEB-                       |
| 3 4 5 SECTION X. Reporting Of                                             | STAT SHEET OPNAV 5580/3 FINGERPRINT CARE COPY OF DNA DATA DD FORM 2708  REPORTING/APPROVING fficial Date 18-AL APPR  ADMINISTRATIVE DISPO | G OFFICIALS  JG-2022 ROVED ON 16-FEB-2020                 | Sergear   | Master<br>nt<br>ons Chief                                    | 18<br>FII        | -AUG-2022<br>NAL APPROVED ON 18-FEB-<br>20                 |
| 1 2 3 4 5 SECTION X.  Reporting Of SECTION XI.  Victim/Witne 1 Victims No | STAT SHEET OPNAV 5580/3 FINGERPRINT CARE COPY OF DNA DATA DD FORM 2708  REPORTING/APPROVING fficial Date 18-AL APPR  ADMINISTRATIVE DISPO | G OFFICIALS  JG-2022 COVED ON 16-FEB-2020  DISTION        | Sergear   | Master ons Chief  Incident Status                            | 18<br>FII        | -AUG-2022<br>NAL APPROVED ON 18-FEB-<br>20<br>Date Cleared |